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Bib Data Sheet

CONFIRMATION NO. 2902

SERIAL NUMBER	FILING OR 371(c) DATE 11/05/2003 RULE	CLASS 600	GROUP ART UNIT 3737	ATTORNEY DOCKET NO. 138162
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** CONTINUING DATA *****

(NONE) PSM

** FOREIGN APPLICATIONS *****

(NONE) PSM

IF REQUIRED, FOREIGN FILING LICENSE

GRANTED ** 03/03/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NH	SHEETS DRAWING 10	TOTAL CLAIMS -64 68 PSM	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				

ADDRESS

23413

TITLE

CARDIAC IMAGING SYSTEM AND METHOD FOR QUANTIFICATION OF DESYNCHRONY OF VENTRICLES FOR BIVENTRICULAR PACING

FILING FEE RECEIVED 1934	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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